## PART B - FEE(S) TRANSMITTAL

sements form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complet MON 1 4 1001

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INSTRUCTIONS: This appropriate All further indicated unless the maintenance fee notifical	form should be used to consequence including the clow or directed others.	for transmitting the ISSU ng the Patent, advance of herwise in Block 1, by (a	rders and notification of na) specifying a new corres	on FEE (if required), naintenance fees will b pondence address; and	e mailed to the current of the correct of the current of the curre	ould be completed where correspondence address as ate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
•	7590 09/13	3/2007		Certifica	ite of Mailing or Transn	nission		
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Suite 1100	52202		Me	elissa J. Cot	a, 🔿	(Depositor's name)		
Milwaukee, WI	53202		1	Melina	X60/0)	(Signature)		
			No	ovember 12,/2	007	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	TORNEY DOCKET NO.	CONFIRMATION NO.		
10/685,810	10/15/2003		Donald E. Brodnick		243-0223 (1286371T)	5125		
FITLE OF INVENTION	: DETECTION OF FUN	ICTION OF IMPLANTE	D MEDICAL DEVICES	11/15/2007 EAYAL	EW2 00000014 502401	10uù58iv		
				01 FC:1501 02 FC:1504	1440.00 DH 300.00 DA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/13/2007		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS					
MANUEL,	GEORGE C	3762	607-027000					
	ence address or indication	n of "Fee Address" (37	2. For printing on the p		170-0	Caralan Chard		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the names of up to 3 registered patent attorneys agents OR, alternatively,  (3) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (4) Sawall, LLP					
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	oc)				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assignee is assignment.	identified below, the do	cument has been filed for		
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
GE Medical Sy	stems Informa	tion Technolog	ies, Inc. Mi	lwaukee, Wisc	onsin USA			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖳 Corpor	ation or other private grou	up entity Government		
4a. The following fcc(s)  XX Issue Fee			b. Payment of Fec(s): (Plea	se first reapply any pr	reviously paid issue fee s	hown above)		
	No small entity discount p	permitted)	Payment by credit car	d. Form PTO-2038 is a	ttached.	ft		
Advance Order -	# of Copies		The Director is hereby overpayment, to Depo	sit Account Number 5	0.2401 (enclose an	extra copy of this form).		
a. Applicant claim	tus (from status indicated is SMALL ENTITY statu	us. See 37 CFR 1.27.	☐ b. Applicant is no long					
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than to Office.	he applicant; a registere	d attorney or agent; or the	e assignee or other party in		
	Mostarke	M. Schere			er 12, 2007			
Authorized Signature	CA COUNTY OF	1. NAME OF		Date NOVELLID	CL 12, 2001			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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50,655

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PTO/SB/17 (01-06)

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المح المح		, Complete if Known				
Fees Suant to the Consolidated App		Application Number	10/685,810			
FEE TRAN	ISMITTAL	Filing Date	October 15, 2003			
For FY	2006	First Named Inventor	Donald E. Brodnick			
Applicant claims small entity s	totus. Soc 27 CER 1 27	Examiner Name	George C. Manuel			
Applicant claims small entity s	T	Art Unit	3762			
TOTAL AMOUNT OF PAYMENT	\$1,740.00	Attorney Docket No.	128637-1 (5024-00031)			
METHOD OF DAYMENT (chec	k all that annly)					

(1017)		1,7 40.00		ttorney Dock	et No.   1260	537-1 (5024-0	00031)
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50.2401  Deposit Account Name: GE Medical Systems - IT  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.							
FEE CALCULATION (A	All the fees	below are o	lue upon filin	g or may be	e subject to	a surcharge.	.)
1. BASIC FILING, SEA	FILING		SEARC	I FEES		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del></del>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<del></del>
Provisional	200	100	0	0	0	0	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)					Fee (\$) 50 200 360 Multiple De Fee (\$)	Small Entity Fee (\$) 25 100 180 ependent Claims Fee Paid (\$)	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Issue Fee (\$1440) and Publication Fee (\$300.00)  \$1,740.00							

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 50,655	Telephone 414-271-7590
Name (Print/Type)	Christopher M. Scherer	Date November 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.